

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jul 07, 2000 8:00 am
Secretary of State

07-07-2000 90402 045 ***550.00

DOCUMENT # P93000078056

1. Entity Name

THE MESSAGE ON HOLD NETWORK, INC.

Principal Place of Business

Mailing Address

8176 Woodland Ctr. Blvd. 8176 Woodland Ctr Blvd.
Tampa, FL 33614 Tampa, FL 33614

2. Principal Place of Business

4725 N Lois Ave

3. Mailing Address

4725 N. Lois Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Tampa FL

Zip

33614

Country

U.S.

Zip

33614

Country

U.S.

4. FEI Number

59-3215287

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

00067377

6. Name and Address of Current Registered Agent

Byron Lancaster
8176 Woodland Ctr. Blvd.
Tampa, FL 33614

7. Name and Address of New Registered Agent

Name Same
Street Address (P.O. Box Number is Not Acceptable)
4725 N. LOIS AVE.
City Tampa FL 33614

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

6-27-00

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	Byron Lancaster	
STREET ADDRESS	8176 Woodland Ctr. Blvd.	
CITY-ST-ZIP	Tampa FL 33614	
TITLE	V.P.	<input type="checkbox"/> Delete
NAME	James E. Seligman	
STREET ADDRESS	8176 Woodland Ctr. Blvd.	
CITY-ST-ZIP	Tampa, FL 33614	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Same	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Same	
STREET ADDRESS	4725 N. LOIS AVE	
CITY-ST-ZIP	Tampa FL 33614	
TITLE	Same	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Same	
STREET ADDRESS	4725 N. LOIS AVE	
CITY-ST-ZIP	Tampa FL 33614	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-27-00 813-414-9199

Date

Daytime Phone #

CR2034 (9/99)